



<p>Effective on 12/01/2004 Fees pursuant to Consolidated Appropriations Act, 2005 (H.R. 4818)</p> <h2 style="margin:0">FEE TRANSMITTAL</h2> <h3 style="margin:0">For FY 2005</h3>		<b>Complete if Known</b>				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/761,624			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$425.00)		Filing Date	January 17, 2001			
		First Named Inventor	Alan L. Everett			
		Examiner Name	C. Kim			
		Art Unit	3752			
		Attorney Docket No.	029627.00006			
<b>METHOD OF PAYMENT</b> (check all that apply)						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input type="checkbox"/> Deposit Account   Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments						
under 37 CFR 1.16 and 1.17						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
	<b>FILING FEES</b>		<b>SEARCH FEES</b>	<b>EXAMINATION FEES</b>		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
						<u>Small Entity</u>
						<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200
Multiple dependent claims						360
						180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
-20 or HP = _____		x _____	= _____		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
5      -3 or HP = <u>2</u>		x 100 =	\$200			
HP = highest number of independent claims paid for, if greater than 3						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		= _____	_____	
<b>4. OTHER FEE(S)</b>						<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)						
Other: <u>Extension request - 2 months - \$225</u>						<u>\$225</u>

<b>SUBMITTED BY</b>		
<b>SIGNATURE</b>		Registration No. (Attorney/Agent) 24,926
<b>NAME (Print/Type)</b>	Martin G. Linihan	Telephone 716-856-4000
		Date December 21, 2005

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on December 21, 2005

Martin G. Linihan  
Name

Signature

December 21, 2005  
Date of Signature